

1482

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	✓						51		✓		
2							52		✓		
3							53	✓			
4							54		✓		
5							55				
6							56	✓			
7							57		✓		
8							58	✓			
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16	✓						66				
17							67	✓			
18							68				
19							69				
20	✓						70				
21							71				
22							72				
23	✓						73				
24							74				
25	✓						75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82	✓			
33							83				
34	✓						84				
35							85				
36							86	✓			
37							87				
38							88				
39							89	✓			
40							90				
41							91	✓			
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49	✓						99				
50							100	✓			
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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102/17